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GOVERNMENT OF TAMIL NADU
2025

[Regd. No. TN/CCN/467/2012-14.
[R. Dis. No. 197/2009.
[Price: Rs. 12.80 Paise.


# TAMIL NADU GOVERNMENT GAZETTE

**EXTRAORDINARY** PUBLISHED BY AUTHORITY

No. 417] CHENNAI, THURSDAY, JULY 31, 2025
Aadi 15, Visuvaavasu, Thiruvalluvar Aandu-2056


# Part III—Section 1(a)

**General Statutory Rules, Notifications, Orders, Regulations, etc., issued by Secretariat Departments.**

## NOTIFICATIONS BY GOVERNMENT

### HEALTH AND FAMILY WELFARE DEPARTMENT

THE TAMIL NADU REGISTRATION OF BIRTHS AND DEATHS RULES, 2025

*[G.O.Ms. No.351, Health and Family Welfare (AB2), 31st July 2025,*
*ஆடி 15, விசுவாவசு, திருவள்ளுவர் ஆண்டு–2056.]*

**No. SRO A-20(a)/2025.**

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969, (Central Act 18 of 1969) and in the supersession of the Tamil Nadu Registration of Births and Deaths Rules, 2000, the Governor of Tamil Nadu with the approval of the Central Government hereby makes the following rules, namely:-

RULES.

**1. Short title, extent and commencement.-** (1) These rules may be called the Tamil Nadu Registration of Births and Deaths Rules, 2025.

(2) These rules shall extend to the whole of the State of Tamil Nadu.

(3) They shall come into force at once.

**2. Definitions.-** (1) In these rules, unless the context otherwise requires,-

(a) "Act" means the Registration of Births and Deaths Act, 1969 (Central Act 18 of 1969);

(b) "Form" means a Form appended to these rules;

(c) "Government" means the State Government;

(d) "Section" means a section of the Act; and

(e) "Register" means Register of Births and Deaths.

(2) Words and expressions used in these rules and not defined but defined in the Act shall have the same meaning respectively assigned to them in the Act.

**3. Period of gestation.-** The period of gestation for the purpose of clause (g) of sub-section (1) of section 2 shall be twenty- eight weeks.

**4. Submission of report.-** The report under sub-section (4) of section 4 shall be prepared in the format annexed with these Rules and shall be submitted along with the statistical report referred to in sub-section (2) of section 19 to the Government by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates.

**5. Giving information of births and deaths.-** (1) The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in forms. 1, 1A, 2 and 3 for the Registration of a birth, birth of an adopted child, death and still birth respectively hereinafter to be collectively called the "reporting forms". Information, if given orally, shall be entered electronically or otherwise by the Registrar in the appropriate reporting forms and the signature or thumb impression of the informant obtained.

(2) The part of the reporting forms containing legal information shall be called the "Legal Part" and the part containing statistical information shall be called the "Statistical Part".

(3) The information referred to in sub-rule (1) shall be given within Twenty one days from the date of birth, death or still birth, as the case may be.

(4) Name, wherever it occurs, in the Forms in these Rules shall be provided in the format of (first name) (middle name) (last name) and name shall not contain any abbreviations.

(5) Date, wherever it occurs, in the Forms in these Rules shall be provided in the format of dd-mm-yyyy where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits.

(6) The address, wherever it occurs, in the Forms in these Rules shall contain the name of the State or Union Territory, District, (Taluk, Town or Village, Ward number in case of town and if available), Locality, House number and PIN Code.

**6. Birth or Death in a vehicle.-** (1) In respect of a birth or death in a moving vehicle, the person in-charge of the vehicle shall give or cause to be given the information to the Registrar under sub-section (1) of section 8 at the first place of halt.

*Explanation.*- For the purpose of this rule, the term "Vehicle" means conveyance of any kind used on land, air or water and includes an aircraft, boat, ship, railway carriage, motor-car, motor-cycle, cart, tonga and rickshaw.

(2) In the case of deaths (not falling under clauses(a) to (e) of sub-section (1) of section 8 in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information to the Registrar under sub-section (l) of section 8 of the Act.

**7. Notification and Form of certificate.-** (1) The certificate as to the cause of death including the history of illness, if any, required under sub-sections (2) and (3) of section 10 shall be issued by the Medical Practitioner in Form 4 and 4A respectively and the Registrar shall, after making necessary entries electronically or otherwise in the register of deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.

(2) Any person who performs the funeral ceremonies of a person dying in a local area within the jurisdiction of a municipality, panchayat or other local authority or any other area, shall whenever required furnish to the Registrar such information as he possesses regarding the particulars required for registration.

**8. Certificate of registration of births or deaths.-** (1) The Certificate of birth or death extracted from the register relating to births or deaths shall be given to an informant electronically or otherwise in Form 5 or Form 6, as the case may be.

(2) In the case of domiciliary events of births and deaths as the case may be referred to in clauses (a), (aa), (ab) and (ac) of sub-section (1) of section 8 of the Act which are reported direct to the Registrar of Births and Deaths, the head of the house or household as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth or death from the Registrar within thirty days of its reporting.

(3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section(1) of section 8 of the Act which are reported by persons specified by the Government under sub-section(2) of the said section, the person so specified shall transmit electronically or otherwise the certificate received from the Registrar of Births and Deaths to the concerned head of the house or household as the case may be, or, in his absence, the nearest relative of the head present in the house or in his absence, the oldest adult person present, within thirty days of its issue by the Registrar.

(4) In the case of institutional events of births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc) of sub section (I) of section 8, the nearest relative of the new born or deceased may obtain electronically or otherwise the certificate from the officer or person in-charge of the institution concerned within thirty days of the occurrence of the event of birth or death, as the case may be.

(5) If the certificate of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer or person in-charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

**9. Authority for delayed registration and fee payable thereof.-** (1) Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of **one hundred rupees.**

(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall in the case of the local authorities specified in column (1) of the Table below, be registered only with the written permission of the District Registrar or the officer specified in the corresponding entries in column (2) thereof, and on payment of a late fee of **two hundred rupees** and on production of self-attested document, electronically or otherwise, in Form 14.

THE TABLE.

| *Registration Unit Type* *(1)* | *Officer* *(2)* |
|---|---|
| Village Panchayat | Tahsildar |
| Town Panchayat | Executive Officer |
| Cantonment | Executive Officer |
| Municipality | Commissioner |
| Corporation | Commissioner |
| Government Medical Institution<br>Location of Institution | |
| Village Panchayat | Tahsildar |
| Town Panchayat | Executive Officer |
| Municipality | Commissioner |
| Corporation | Commissioner |
| Neyveli Liqnite Corporation | Chief Health Officer |
| Project Area | Tahsildar/ Commissioner |

(3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorized by the District Magistrate, having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of f**ive hundred rupees**.

(4) Any person aggrieved by any order made under sub-rules (2) and (3) by the officers specified in column (1) of the Table below may, within one month from the date of receipt of such order, prefer an appeal against such order to the authorities specified in the corresponding entries in column (2) thereof:

THE TABLE.

| *Local Authority* *(1)* | *Officer* *(2)* |
|---|---|
| Tahsildar | Revenue Divisional Officer |
| Executive Officer | |
| Revenue Divisional Officer | District Revenue Officer (District Birth and Death Registrar) |
| Executive Officer, Cantonment | District Revenue Officer (District Birth and Death Registrar) |
| Commissioner of Municipality | District Revenue Officer (District Birth and Death Registrar) |

| *Local Authority* *(1)* | *Officer* *(2)* |
|---|---|
| District Revenue Officer (District Birth and Death Registrar) / Commissioner of Corporation | Chief Registrar of Births and Deaths |
| Chief Registrar of Births and Deaths | Government |

Provided that the appellate authority may in its discretion allow further time not exceeding one month for preferring any such appeal, if it is satisfied that the appellant has sufficient cause for not preferring the appeal in time.

**10. Period for the purpose of section 14.-** (1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing:

Provided that if the information is given after the aforesaid period of 12 months but within a period of 15 years, the Registrar shall,-

(a) if the register is in his possession, forthwith enter the name in the relevant column of the concerned Form in the birth register on payment of a late fee of two hundred rupees.

(b) if the register is not in his possession and if the information is given orally, make a report, giving necessary particulars, and, if the information is given in writing, forward the same in the case of the Registration units specified in column (1) of the Table below to the officer specified in the corresponding entries in column (2) thereof for making necessary entry on payment of a late fee of two hundred rupees.

THE TABLE.

| *Registration Unit Type* *(1)* | *Officer* *(2)* |
|---|---|
| Village Panchayat | Tahsildar |
| Town Panchayat | Executive Officer |
| Cantonment | Executive Officer |
| Municipality | Commissioner |
| Corporation | Commissioner |
| Government Medical Institution<br>Location of Institution<br>Village Panchayat<br>Town Panchayat<br>Municipality<br>Corporation | <br><br>Tahsildar<br>Executive Officer<br>Commissioner<br>Commissioner |
| Neyveli Lignite Corporation | Chief Health Officer |
| Project Area | Tahsildar/ Commissioner |

(2) The parent or the guardian, as the case may be, shall also present to the Registrar the copy of the certificate given to him under section 12 or a certified extract issued to him under section 17 and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child or take action as laid down in clause (b) of the proviso to sub-rule (1).

**11. Correction or cancellation of entry in the register of births and deaths.-** (1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has occurred, he shall correct the error (by correcting or cancelling the entry) as provided in section 15 and shall in the case of local authorities specified in column (1) of the Table below send an extract of the entry showing the error and how it has been corrected to the officer specified in Column (2) of the Table below:-

THE TABLE.

| *Registration Unit Type* *(1)* | *Officer* *(2)* |
|---|---|
| Village Panchayat | Tahsildar |
| Town Panchayat | Executive Officer |
| Cantonment | Executive Officer |
| Municipality | Commissioner |
| Corporation | Commissioner |
| Government Medical Institution<br>Location of Institution<br>Village Panchayat<br>Town Panchayat<br>Municipality<br>Corporation | <br><br>Tahsildar<br>Executive Officer<br>Commissioner<br>Commissioner |
| Neyveli Lignite Corporation | Chief Health Officer |
| Project Area | Tahsildar/ Commissioner |

(2) In the case of any error as referred to in sub rule (1) and if the register is not in his possession, the Registrar shall make a report to the officer specified in Column (2) of the Table under sub rule (1) and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has occurred he shall make necessary correction.

(3) Any such correction as mentioned in sub-rule (2) shall be countersigned by the officer specified in Column (2) of the Table under sub-rule (1) in this behalf when the register is received from the Registrar.

(4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.

(5) Notwithstanding anything contained in sub-rule (1) and sub-rule (4) the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the officer specified in the Table under sub-rule (1).

(6) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report by giving necessary details to the officer authorized by the Chief Registrar by general or special order in this behalf under section 25 and on hearing from him take necessary action in the matter.

(7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

**12. Form of register under section 16.-** (1) The legal part of the Form 1, IA, 2 and 3 shall constitute the birth register, death register and still birth register (Form 7, 8 and 9) respectively.

(2) From 1st January of each calendar year new registration number starting from 1 should be followed and it continues till 31st December of that year.

(3) An event which occurred in any previous year reported during the current year shall be recorded in the current year register only.

(4) A control register in Form 15 shall be maintained by the Tahsildar to watch receipt of returns from all registration units in the area and dispatch of the same to the Chief Registrar or to the officer specified by him in this behalf.

**13. Fees and postal charges payable under section 17.-** (1) The fees payable for a search to be made, a certificate of birth or death or a non availability certificate to be issued under section 17, electronically or otherwise shall be as follow:

| | *Rupees* |
|---|---|
| (a) Search for a single entry in the first year for which the search is made | 100.00 |
| (b) for every additional year for which the search is continued | 100.00 |
| (c) for granting certificate relating to each birth or death | 200.00 |
| (d) For every additional copies of certificate | 200.00 |
| (e) for granting non-availability certificate | 100.00 |

(2) Any such certificate on the basis of extract from the register relating to birth or death shall be issued under section 17 by the Registrar or the officer authorized by the Government, in this behalf in Form 5 or, in Form 6 as the case may be, and shall be certified in the manner provided in section 75 of the Bharatiya Sakshya Adhiniyam, 2023 (Central Act 47 of 2023) in the case of local authorities specified in column (1) of the Table below by the Registrar or the Officers specified in the corresponding entries in column (2) thereof.

THE TABLE.

| *Local Authority*<br>*(1)* | *Officer*<br>*(2)* |
|---|---|
| Village Panchayat | Tahsildar (till the expiry of two years after the close of the calendar year to which the register relates) |
| Town Panchayat | Executive Officer (till the expiry of two years after the close of the calendar year to which the register relates) |
| Cantonment area | Executive Officer |
| Municipality | Commissioner |
| Neyveli Lignite Corporation | Chief Health Officer |
| Corporation | Commissioner |

(3) If any particular event of birth or death is not found registered, the Registrar or the officers specified in column (2) of the Table under sub rule (2) shall issue a Non-availability certificate in Form 10.

(4) Any such certificate or non-availability certificate may be furnished to the person asking for it or sent to him by post on payment of the postal charges therefor.

**14. Interval and forms of periodical returns under sub-section (1) of section 19.-** (1) Every Registrar shall after completing the process of registration send all the Statistical Parts of the reporting forms relating to each month along with a Summary Monthly Report in Form 11 for births, Form 12 for deaths and Form 13 for still births to the Chief Registrar or the officer specified by him in this behalf on or before the 5 of the following month.

(2) The officer so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar or the officer specified by him, not later than the 10th of that month.

**15. Statistical report under section 19(2).-** The statistical report under sub-section (2) of section 19 shall contain the Tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than five months from that date.

**16. Conditions for compounding offences under section 24.-** (1) Any offence punishable under section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorized by the Chief Registrar by a general or special order in this behalf, if the officer so authorized is satisfied that the offence was committed through inadvertence or oversight or for the first time.

(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under subsections (1), (2) and (4) of section 23 and fifty rupees for offences under sub-section (3) of section 23 and one thousand rupees in respect of each birth or death for offences under sub-sections (IA) and (4A) of section 23, as the said officer may think fit.

**17. Appeal.-** Any person aggrieved by any order of the authority, a appeal under sub- section (1) of section 25- A shall be in Form 16.

**18. Registers and other records under section 30(2)(k).-** (1) The birth register, death register and still birth register shall be records of permanent importance and shall not be destroyed.

(2) The permission granted under sub-section (2) of section 13 and orders issued under sub-section (3) of section 13 for delayed registration received by the Registrar shall form an integral part of the birth register, death register and still birth register and shall not be destroyed.

(3) The certificate as to the cause of death furnished under sub-sections (2) and (3) of section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf.

(4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of twelve months after the end of the calendar year (Previous year and current year) to which it relates and such register shall thereafter in the case of local authorities specified in column (I) of Table below be transferred for safe custody to the officers specified in corresponding entries in column (2) thereof:

THE TABLE.

| *Local authority*<br>*(1)* | *Officers authorized*<br>*(2)* |
|---|---|
| Village Panchayat | Tahsildar (till the expiry of two years and after the close of the calendar year to which the register relates) |
| Village Panchayat | Sub-Registrar of Assurance (after the expiry of two years) |
| Town Panchayat | Executive Officer (till the expiry of two years and after the close of the calendar year to which the register relates) |
| Town Panchayat | Sub-Registrar of Assurance (after the expiry of two years) |
| Cantonment area | Executive Officer |
| Municipality | Commissioner |
| Neyveli Lignite Corporation | Chief Health Officer |
| Corporation | Commissioner |

**19. Manner of payment of fees**.- All fees payable under the Act shall be paid in cash or money order or postal order or through electronic mode.

P. SENTHILKUMAR,
*Principal Secretary to Government.*

FORM.1

*(See rule 5)*

**BIRTH REPORT**

**Legal information**

***[SEE REVERSE FOR INSTRUCTIONS]***

*This part to be added to the Birth Register*

*To be filled by the informant*

**1. Date of Birth :** D D - M M - Y Y Y Y

**2. Sex** (Enter "Male" or "Female" or "Transgender person") **:**

**3. Child's Details (**If not named, leave blank) **:-**

**(a)** Name, if any : First Name | Middle Name | Last Name

**(b)** Aadhaar No, if available:

**4. Father's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**5. Mother's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**6. Address of parents at the time of Birth of the Child:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**7. Permanent address of parents:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk : District:
State: PIN Code:

**8. Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk : District:
State: PIN Code:

**9. Informant's Details:**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**(e)** **Address :** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk : District:
State: PIN Code:

**DECLARATION:**

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

*(After completing all columns 1 to 22, informant will put date and signature)*

**Date:** D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

*To be filled by the Registrar*

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village:
Taluk :
District:
Remarks ( if any):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM 1

*(See rule 5)*

**BIRTH REPORT**

**Statistical information**

***[SEE REVERSE FOR INSTRUCTIONS]***

*This part to be detached and sent for statistical processing*

*To be filled by the informant*

**10. Town or Village of Residence of the mother** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name)**:**
Town or Village: Taluk:
District: State :
PIN Code:

**11. For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]

**(a) Religion of Father:**

**(b) Religion of Mother:**

**12. Father's level of education:**

**13. Mother's level of education:**

**14. Father's Occupation:**

**15. Mother's Occupation:**

**16. Age of the mother (in completed years) at the time of marriage** (If married more than once, age at first marriage is to be written):

**17. Age of the mother (in completed years) at the time of this birth :**

**18. Number of children born alive to the mother so far including this child** (Number of children born alive to include also those from earlier marriage(s), if any) **:**

**19. Type of attention at delivery** (Tick the appropriate entry below):

1. Institutional-Government
2. Institutional – Private or Non-Government
3. Doctor, Nurse or Trained Midwife
4. Traditional Birth Attendant
5. Relatives or others

**20. Method of Delivery** (Tick the appropriate entry below):

1. Natural
2. Caesarean
3. Forceps/Vacuum

**21. Birth Weight (in kgs.)** (if available) :

**22. Duration of pregnancy** (in weeks) :

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

*(Columns to be filled are over. Now put signature at left)*

*To be filled by the Registrar*

| | Name | Code No. |
|---|---|---|
| District | | |
| Taluk | | |
| Town/Village : | | |

Registration Unit :
Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Birth **:** D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

**Instructions for completing the FORM 1: BIRTH REPORT**

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation.</td></tr>
<tr><td>3,4,5,9</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If child is not named, leave blank.<br>Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).</td></tr>
<tr><td>6,7,8,9</td><td>Address, wherever it occurs, shall contain the name of State, District, Taluk (Sub-district), Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>8</td><td>Tick the appropriate entry for place of birth<br>1. Hospital / Institution<br>2. House<br>3. Other place<br>Give the name and address of the “Hospital / Institution” or the address of the “House” or ‘Other place” where the birth took place.</td></tr>
<tr><td>10</td><td>Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.</td></tr>
<tr><td>12,13</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>14, 15</td><td>Occupation - Write one of following—<br>1. Cultivator<br>2. Agriculture Labourer<br>3. Daily Wages Earner(Other than Agriculture Labourer)<br>4. Single/Family Worker/Self Employed<br>5. Employer<br>6. Government Employee<br>7. Private Employee(Other than Domestic Helper)<br>8. Domestic Helper<br>9. Non-Worker</td></tr>
</table>

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

**FORM .1-A**
*(See rule 5)*
**BIRTH REPORT FOR ADOPTED CHILD**
***[SEE REVERSE FOR INSTRUCTIONS]***
*This part to be added to the Birth Register*

*To be filled by the informant*

**1*. Date of Birth :** D D - M M - Y Y Y Y

**2*. Sex** (Enter "Male" or "Female" or "Transgender person") **:**

**3. Child's details (**If name is changed on adoption, write new name)**:-**

(a) Name of the Child First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

**4*. Mother's Details** (If known)**:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

**5*. Father's Details**(If known)**:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

**6. Details of adoption deed / order:-**

(a) Date: D D - M M - Y Y Y Y

(b) Number of Adoption deed / order:

**7. Adoptive Mother's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

**8. Adoptive Father's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

**9. Address of adoptive parents as recorded in Adoption deed / order:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**10. Permanent address of adoptive parents:** House No: Locality:
Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**11*. Place of birth:** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the " Institution" or the address of the "House" or 'Other place" where the birth took place) **:**
1.Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No. Locality:
Ward number (in case of town and if available): Town or Village:
Taluk: District:
State: PIN Code:

**12. If adoption through agency write the address of the Adoption agency:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**13. Informant's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No: Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

***As contained in the original birth certificate.**

**DECLARATION:** ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

*(After completing all columns 1 to 18, informant will put date and signature)*

**Date:** D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

*To be filled by the Registrar*

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village: Taluk:

District:

Remarks ( if any)

Name and Signature of the Registrar

To be detached and sent for statistical processing

**FORM .1-A**
*(See rule 5)*
**BIRTH REPORT FOR ADOPTED CHILD**
***[SEE REVERSE FOR INSTRUCTIONS]***
*This part to be added to the Birth Register*

*To be filled by the informant*

**14. For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]

(a) **Religion of Adoptive Father:**

(b) **Religion of Adoptive Mother:**

**15. Adoptive Father's level of education:**

**16. Adoptive Mother's level of education:**

**17. Adoptive Father's Occupation:**

**18. Adoptive Mother's Occupation:**

*(Columns to be filled are over. Now put signature at left)*

*To be filled by the Registrar*

| | Name | Code No. |
|---|---|---|
| District | | |
| Taluk: | | |
| Town/Village : | | |

Registration Unit : Registration No. :

Registration Date: D D - M M - Y Y Y

Date of Birth **:** D D - M M - Y Y Y

Sex : Male / Female / Transgender person

Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

**Instructions for completing the FORM 1-A: BIRTH REPORT FOR ADOPTED CHILD**

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1, 6</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023.<br>If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be.<br>Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation.</td></tr>
<tr><td>3,4,5,7,8,13</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.</td></tr>
<tr><td>9,10,11,12,13</td><td>Address, wherever it occurs, shall contain the name of State, District, Taluk (Sub-district), Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>15,16</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>17,18</td><td>Occupation - Write one of following—<br>1. Cultivator<br>2. Agriculture Labourer<br>3. Daily Wages Earner(Other than Agriculture Labourer)<br>4. Single/Family Worker/Self Employed<br>5. Employer<br>6. Government Employee<br>7. Private Employee(Other than Domestic Helper)<br>8. Domestic Helper<br>9. Non-Worker</td></tr>
</table>

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act 1969.

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

FORM.2
*(See rule 5)*
**DEATH REPORT**
**Legal information**
***[SEE REVERSE FOR INSTRUCTIONS]***
*This part to be added to the Death Register*

*To be filled by the informant*

**1. Date of Death** D D - M M - Y Y Y Y

**2. Deceased's Details:-**
**(a)** Name: First Name | Middle Name | Last Name
**(b)** Aadhaar No, if available:
**(c)** Date of Birth : D D - M M - Y Y Y Y
**(d)** Age:

**3. Sex** (Enter "Male" or "Female" or "Transgender person") **:**

**4. Mother's Details:-**
**(a)** Name: First Name | Middle Name | Last Name
**(b)** Aadhaar No, if available:
**(c)** Mobile No:
**(d)** Email Id:

**5. Father's Details:-**
**(a)** Name: First Name | Middle Name | Last Name
**(b)** Aadhaar No., if available:
**(c)** Mobile No:
**(d)** Email Id:

**6. Spouse's (husband / wife) Details:-**
**(a)** Name: First Name | Middle Name | Last Name
**(b)** Aadhaar No., if available:
**(c)** Date of Birth : D D - M M - Y Y Y Y
**(d)** Age (in completed years):
**(e)** Mobile No:
**(f)** Email Id:

**7. Address of the deceased at the time of death:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**8. Permanent address of the deceased:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**9. Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**10. Informant's Details:-**
**(a)** Name: First Name | Middle Name | Last Name
**(b)** Aadhaar No., if available:
**(c)** Mobile No:
**(d)** Email Id:
**(e)** **Address :** House No.:
Locality: Ward number (in case of town and if available):
Town or Village: Taluk: District:
State: PIN Code:

**DECLARATION:** ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

*(After completing all columns 1 to 21, informant will put date and signature)*

**Date:** D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

*To be filled by the Registrar*

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village:
Taluk:
District:
Remarks ( if any):
Cause of Death (as per Form 4 / 4A):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM.2
*(See rule 5)*
**DEATH REPORT**
**Legal information**
***[SEE REVERSE FOR INSTRUCTIONS]***
*This part to be added to the Death Register*

*To be filled by the informant*

**11. Town or village of Residence of the deceased** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name)**:**
Town or Village: Taluk (Sub-district):
District: State:
PIN Code:

**12. Religion** ( Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):

**13. Occupation of the deceased:**

**14. Type of Medical Attention received before death** (Tick the appropriate entry below):
1. Institutional
2. Medical attention other than Institution
3. No Medical attention

**15. Was the cause of death medically certified?** (Tick the appropriate entry below) **:**
1.Yes 2. No

**16. Name of Disease or Actual Cause of Death** (For all deaths irrespective of whether medically certified or not) **:**

**17. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy** (Tick the appropriate entry below)**:**
1.Yes 2. No

**18. If used to habitually smoke – for how many years?**

**19. If used to habitually chew tobacco in any form – for how many years?**

**20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?**

**21. If used to habitually drink alcohol - for how many years?**

*(Columns to be filled are over. Now put signature at left)*

*To be filled by the Registrar*

| | Name | Code No. |
|---|---|---|
| District | | |
| Taluk | | |
| Town/Village : | | |

Registration Unit :
Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Death **:** D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Age of deceased:
Place of death : 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

**Instructions for completing the FORM 2: DEATH REPORT**

| Item No. | Instructions |
|---|---|
| 1 | Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries. |
| 2,4,5,6,10 | Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. |
| 3 | Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation. |
| 2(d) | If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours. |
| 7,8,9,10 | Address, wherever it occurs, shall contain the name of State, District, Taluk (Sub-district), Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code. |
| 9 | For Place of death tick the appropriate entry<br>1. Hospital / Institution<br>2. House<br>3. Other place<br>Give the name and address of the “Hospital / Institution” or the address of the “House” or ‘Other place” where the death took place. |
| 11 | Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered. |
| 13 | Occupation - Write one of following—<br>1. Cultivator<br>2. Agriculture Labourer<br>3. Daily Wages Earner(Other than Agriculture Labourer)<br>4. Single/Family Worker/Self Employed<br>5. Employer<br>6. Government Employee<br>7. Private Employee(Other than Domestic Helper)<br>8. Domestic Helper<br>9. Non-Worker |

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM .3

*(See rule 5)*

**STILL BIRTH REPORT**

**Legal information**

***[SEE REVERSE FOR INSTRUCTIONS]***

*This part to be added to the Birth Register*

*To be filled by the informant*

**1. Date of Birth :** D D - M M - Y Y Y Y

**2. Sex** (Enter "Male" or "Female" or "Transgender person") **:**

**3. Father's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

**4. Mother's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

**5. Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**

1.Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No. Locality:

Ward number if available: Town or Village:

Taluk: District:

State: PIN Code:

**6. Informant's Details:**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No:

Locality: Ward number if available:

Town or Village: Taluk: District:

State: PIN Code:

**DECLARATION:**

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

*(After completing all columns 1 to 12, informant will put date and signature)*

**Date:** D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

*To be filled by the Registrar*

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Taluk:

District:

Remarks ( if any):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM .3

*(See rule 5)*

**STILL BIRTH REPORT**

**Statistical information**

***[SEE REVERSE FOR INSTRUCTIONS]***

*This part to be detached and sent for statistical processing*

*To be filled by the informant*

**7. Town or village of Residence of the deceased** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name)**:**

Town or Village: Taluk:

District: State:

PIN Code:

**8. Age of the mother (in completed years) at the time of this birth :**

**9. Mother's level of education:**

**10. Type of attention at delivery** (Tick the appropriate entry below):

1. Institutional-Government
2. Institutional – Private or Non-Government
3. Doctor, Nurse or Trained Midwife
4. Traditional Birth Attendant
5. Relatives or others

**11. Duration of pregnancy** (in weeks) :

**12. Cause of foetal death** (if known):

(In the case of multiple Births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

*(Columns to be filled are over. Now put signature at left)*

*To be filled by the Registrar*

| | Name | Code No. |
|---|---|---|
| District | | |
| Taluk | | |
| Town/Village : | | |

Registration Unit :

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Date of Birth **:** D D - M M - Y Y Y Y

Sex : Male / Female / Transgender person

Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

FORM. 4

*(See rule 7)*

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital …….

I hereby certify that the person whose particulars are given below died in the hospital in Ward No……..

on D D - M M - Y Y Y Y at.....A.M. / P.M.

| **NAME OF DECEASED**: First Name | Middle Name | Last Name | | For use of Statistical Office |
|---|---|---|---|---|
| Sex | Age at Death | | | |
| | If 1 year or more, age in years | If less than 1 year, age in month | If less than one month, age in days | If less than one day, age in hours |
| 1. Male<br>2. Female<br>3. Transgender person | | | | |

**CAUSE OF DEATH**

Interval between onset and death approx.

I
Immediate cause
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.

(a) ……..
due to (or as a consequences of)

Antecedent cause

Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last

(b) ……..
due to (or as a consequences of)

(c) ……..

II
Other significant conditions contributing to the death but not related to the disease or condition causing it

…..……..

…..……..

**Manner of Death**

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification : D D - M M - Y Y Y Y

SEE REVERSE FOR INSTRUCTIONS

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

Directions for completing the form

**Name of deceased** : To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

**Age** : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

**Cause of Death** : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

*Onset* : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., “from birth” “several years”.

*Accidental or violent deaths* : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

*Maternal deaths* : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

*Old age or senility* : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

*Completeness of information* : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

*Example* : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

*Symptomatic statement* : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

**Manner of Death** : Deaths not due to external cause should be identified as ‘Natural’. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as ‘Pending investigation’.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969, a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

**FORM 4A**

*(See rule 7)*

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths Act, 1969 to give information concerning the death to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km……..Son /Wife/ Daughter of ……resident of …….. was under my treatment from …… to ……. and he/she died

on | D | D | - | M | M | - | Y | Y | Y | Y | at.....A.M. / P.M.

| **NAME OF DECEASED**: First Name | Middle Name | Last Name | | | For use of Statistical Office |
|---|---|---|---|---|---|
| Sex | Age at Death: If 1 year or more, age in years | If less than 1 year, age in month | If less than one month, age in days | If less than one day, age in hours | |
| 1. Male<br>2. Female<br>3. Transgender Person | | | | | |

**CAUSE OF DEATH**

| | | Interval between onset and death approx. |
|---|---|---|
| I<br>Immediate cause<br>State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. | (a) ……..<br>due to (or as a consequences of) | |
| Antecedent cause<br>Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last | (b) ……..<br>due to (or as a consequences of) | |
| | (c) …….. | |
| II<br>Other significant conditions contributing to the death but not related to the disease or condition causing it | …..<br>….. | |

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No

If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification : | D | D | - | M | M | - | Y | Y | Y | Y |

SEE REVERSE FOR INSTRUCTIONS

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

Directions for completing the form

**Name of deceased**: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

**Age** : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

**Cause of Death** : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

*Onset* : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., “from birth” “several years”.

*Accidental or violent deaths* : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

*Maternal deaths* : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

*Old age or senility* : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

*Completeness of information* : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

*Example* : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus*– Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

*Symptomatic statement* : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969, a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.

**படிவம் – 5**

**எண்/No.** Form-5

**தமிழ்நாடு அரசு**
GOVERNMENT OF TAMIL NADU
DEPARTMENT OF...../. (Name of local body issuing certificate).

..... துறை

# பிறப்புச் சான்றிதழ் / BIRTH CERTIFICATE

(பிறப்பு இறப்பு பதிவுச் சட்டம் 1969, பிரிவு 12/17 மற்றும் தமிழ்நாடு பிறப்பு இறப்பு விதிகள் 2025 விதி எண்.8/13–ன் கீழ் வழங்கப்படுகிறது).

(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 and Rule 8 / 13 of the Tamil Nadu Registration of Births and Deaths Rules 2025 (Year of notifying the revised rules).

கீழ்கண்ட தகவல்கள் தமிழ்நாடு மாநிலம்.....மாவட்டம்.....வட்டம்.....சேர்ந்த அசல் பிறப்பு பதிவேட்டிலிருந்து எடுக்கப்பட்டவை என சான்றளிக்கப்படுகிறது,

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) ..... of Taluk ..... of District .....of State of Tamil Nadu.

பெயர்/Name: .....
பாலினம்/Sex.....
பிறந்த தேதி/Date of Birth.....
பிறந்த இடம்/Place of birth.....
தாயின் பெயர்/Name of Mother.....
தாயின் ஆதார் எண் /Aadhaar No. of Mother .....

தந்தை பெயர்/Name of Father .....
தந்தையின் ஆதார் எண்/ Aadhaar No. of Father .....

குழந்தை பிறப்பின் போது பெற்றோரின் முகவரி / Address of parents at the time of birth of the child :
.....
.....
.....
.....

பெற்றோரின் நிலையான முகவரி Permanent address of parents:
.....
.....
.....
.....

பதிவு எண்/Registration No :..... பதிவு செய்த தேதி/Date of Registration...../
குறிப்புரை(ஏதேனுமிருப்பின்)/Remarks (if any).....
வழங்கிய நாள் / Date of issue:.....

சான்றிதழ் அளிப்பவரின் கையொப்பம்/Signature of the issuing authority
சான்றிதழ் அளிப்பவரின் முகவரி / Address of the issuing authority
முத்திரை/**Seal**

ஒவ்வொரு பிறப்பு மற்றும் இறப்பைப் பதிவு செய்வதை உறுதி செய்வீர்
Ensure registration of every birth and death

**படிவம் – 6**
Form-6

**எண்/No.**

**தமிழ்நாடு அரசு**
GOVERNMENT OF TAMIL NADU
DEPARTMENT OF...../. (Name of local body issuing certificate).

..... துறை

**இறப்புச் சான்றிதழ்**
**DEATH CERTIFICATE**

**(பிறப்பு இறப்பு பதிவுச் சட்டம் 1969, பிரிவு 12/17 மற்றும் தமிழ்நாடு பிறப்பு இறப்பு விதிகள் 2025 விதி எண்.8/13–ன் கீழ் வழங்கப்படுகிறது).**

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8 / 13 of the Tamil Nadu Registration of Births and Deaths Rules 2025 (Year of notifying the revised rules).

**கீழ்கண்ட தகவல்கள் தமிழ்நாடு மாநிலம்.....மாவட்டம்.....வட்டம்.....சேர்ந்த அசல் பிறப்பு பதிவேட்டிலிருந்து எடுக்கப்பட்டவை என சான்றளிக்கப்படுகிறது,**

This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body) ..... of Taluk..... of District .....of State of Tamil Nadu.

பெயர்/Name: .....
பாலினம்/Sex.....
பிறந்த தேதி/Date of Birth.....
பிறந்த இடம்/Place of birth.....
தாயின் பெயர்/Name of Mother.....
தாயின் ஆதார் எண் /Aadhaar No. of Mother .....

தந்தை பெயர்/Name of Father .....
தந்தையின் ஆதார் எண்/ Aadhaar No. of Father .....

கணவர்/ மனைவியின் பெயர்/Name of Husband / Wife.....

கணவர்/ மனைவியின் ஆதார் எண்/ Aadhaar No. of Husband / Wife.....

இறப்பின் போது இறந்தவரின் முகவரி:
Address of the deceased at the time of death:
.....
.....
.....

இறந்தவரின் நிலையான முகவரி
Permanent address of the deceased:
.....
.....

பதிவு எண்/Registration No :.....பதிவு செய்த தேதி /Date of Registration.....
குறிப்புரை(ஏதேனுமிருப்பின்)/Remarks (if any).....
வழங்கிய நாள் /Date of issue:.....

சான்றிதழ் அளிப்பவரின் கையொப்பம்/Signature of the issuing authority
சான்றிதழ் அளிப்பவரின் முகவரி / Address of the issuing authority
முத்திரை/**Seal**

ஒவ்வொரு பிறப்பு மற்றும் இறப்பைப் பதிவு செய்வதை உறுதி செய்வீர்
Ensure registration of every birth and death

FORM 7

*(See rule 12)*

**BIRTH REGISTER**

**Legal information**

*This part to be added to the Birth Register*

*To be filled by the informant*

1. **Date of Birth:** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") **:**

3. **Child's Details (**If not named, leave blank) **:-**

(a) Name, if any : First Name | Middle Name | Last Name

(b) Aadhaar No, if available:

4. **Father's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

5. **Mother's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No:
Locality: Ward number if available:
Town or Village: Taluk: District:
State: PIN Code:

7. **Permanent address of parents:** House No:
Locality: Ward number if available:
Town or Village: Taluk: District:
State: PIN Code:

8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No:
Locality: Ward number if available:
Town or Village: Taluk: District:
State: PIN Code:

9. **Informant's Details:**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No:
Locality: Ward number if available:
Town or Village: Taluk: District:
State: PIN Code:

**DECLARATION:**

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

*(After completing all columns 1 to 23, informant will put date and signature)*

**Date:** D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

*To be filled by the Registrar*

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Taluk:

District:

Remarks ( if any):

Name and Signature of the Registrar

**FORM .8**

*(See rule 12)*

**DEATH REGISTER**

**Legal information**

*This part to be added to the Death Register*

*To be filled by the informant*

**1. Date of Death** D D - M M - Y Y Y Y

**2. Deceased's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No, if available:

**(c)** Date of Birth : D D - M M - Y Y Y Y

**(d)** Age:

**3. Sex** (Enter "Male" or "Female" or "Transgender person") **:**

**4. Mother's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No, if available:

**(c)** Mobile No:

**(d)** Email Id:

**5. Father's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**6. Spouse's (husband / wife) Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Date of Birth : D D - M M - Y Y Y Y

**(d)** Age (in completed years):

**(e)** Mobile No:

**(f)** Email Id:

**7. Address of the deceased at the time of death:** House No:
Locality: Ward number if available:
Town or Village: Taluk: District:
State : PIN Code:

**8. Permanent address of the deceased:** House No:
Locality: Ward number if available:
Town or Village: Taluk: District:
State: PIN Code:

**9. Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No:
Locality: Ward number if available:
Town or Village: Taluk: District:
State: PIN Code:

**10. Informant's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**(e)** **Address :** House No.:
Locality: Ward number if available:
Town or Village: Taluk: District:
State: PIN Code:

**DECLARATION:**

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

*(After completing all columns 1 to 21, informant will put date and signature)*

**Date:** D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

*To be filled by the Registrar*

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village: Taluk: District:

Remarks ( if any):

Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar

FORM.9

*(See rule 12)*

## STILL BIRTH REGISTER

## Legal information

*This part to be added to the Birth Register*

*To be filled by the informant*

**1.** **Date of Birth :** D D - M M - Y Y Y Y

**2.** **Sex** (Enter "Male" or "Female" or "Transgender person") **:**

**3.** **Father's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**4.** **Mother's Details:-**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**5.** **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**

1.Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No. Locality:

Ward number if available: Town or Village:

Taluk: District:

State: PIN Code:

**6.** **Informant's Details:**

**(a)** Name: First Name | Middle Name | Last Name

**(b)** Aadhaar No., if available:

**(c)** Mobile No:

**(d)** Email Id:

**(e)** **Address :** House No:

Locality: Ward number if available:

Town or Village: Taluk: District:

State: PIN Code:

**DECLARATION:**

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

*(After completing all columns 1 to 12, informant will put date and signature)*

**Date:** **D D - M M - Y Y Y Y** **Signature or left thumb mark of the informant**

*To be filled by the Registrar*

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Taluk:

District:

Remarks ( if any):

Name and Signature of the Registrar

**FORM .10**

*(See rule 13)*

**NON-AVAILABILITY CERTIFICATE**

This is to certify that a search has been made on the request of Shri/Smt./Kum……. son/wife/daughter of ……..……..……... in the registration records for the year(s) ……. relating to *(Local area)*…….…… of Taluk ……..……..…….. of *(District)* ……..……..…. of *(State)* ……..…….. and found that the event relating to the birth/death of …… son/daughter of ….……..…… was not registered.

**Date :** | d | d | - | m | m | - | y | y | y | y |

Signature of issuing authority

Seal

**FORM 11**
*(See rule 14)*

**SUMMARY MONTHLY REPORT OF BIRTHS**

1. Report for the Month of: _____ Year :_____

2. District:

3. Town / Village:

4. Registration Unit:

5. Number of Births Registered during the month:

| **Male (1)** | **Female (2)** | **Transgender Person (3)** | **Total* (1+2+3)** |
|---|---|---|---|
| | | | |

6. Time Gap in Birth registration:
   (a) Within Time limit (21 days) of their occurrence:
   (b) More than 21 days but within 30 days of their occurrence:
   (c) More than 30 days but within one year of their occurrence:
   (d) After one year of their occurrence:

   Total* (a + b + c + d):

* Total should be equal to the number of statistical part of Birth Report Forms (Form 1) attached with this monthly report.

Signature and Name
of the Registrar

**Date :** d d - m m - y y y y

Submitted to the Chief Registrar/District Registrar

**FORM 12**

*(See rule 14)*

**SUMMARY MONTHLY REPORT OF DEATHS**

1. Report for the Month of: _____ Year _____

2. District:

3. Town / Village:

4. Registration Unit:

5. Details of Deaths Registered during the Month:

| Deaths (Including all Infant deaths & Child Deaths& Maternal Deaths) | | | | Infants Deaths (Age less than one year) | | | | Child Deaths (Age one year or more but less than five years) | | | | Maternal Deaths |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Male | Female | Transgender Person | Total* | Male | Female | Transgender Person | Total | Male | Female | Transgender Person | Total | |
| | | | | | | | | | | | | |

6. Time Gap in Death registration:
   (a) Within Time limit (21 days) of their occurrence:
   (b) More than 21 days but within 30 days of their occurrence:
   (c) More than 30 days but within one year of their occurrence:
   (d) After one year of their occurrence:

   Total* (a + b + c + d):

Note: Infant and Child Deaths &Maternal Deaths should also be included in the Deaths.

* Total should be equal to the number of statistical part of Death Report Forms (Form 2) attached with this monthly report.

Signature and Name
of the Registrar

**Date :**

| d | d | - | m | m | - | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|

Submitted to the Chief Registrar/District Registrar

**FORM 13**

*(See rule 14)*

**SUMMARY MONTHLY REPORT OF STILL BIRTHS**

1. Report for the Month of: _____ Year :_____

2. District:

3. Town/ Village:

4. Registration Unit:

4. Number of Still Births Registered during the month:

| **Male (1)** | **Female (2)** | **Transgender Person (3)** | **Total* (1+2+3)** |
|---|---|---|---|
| | | | |

5. Time Gap in Birth registration:
   (a) Within Time limit (21 days) of their occurrence:
   (b) More than 21 days but within 30 days of their occurrence:
   (c) More than 30 days but within one year of their occurrence:
   (d) After one year of their occurrence:

   Total* (a + b + c + d):

* Total should be equal to the number of statistical part of Still Birth Report Forms (Form 1) attached with this monthly report.

Signature and Name
of the Registrar

**Date :** d d - m m - y y y y

Submitted to the Chief Registrar/District Registrar

Form 14
*(See rule 9)*

**Format of Self-attested document for <u>Delayed Reporting of BIRTH / DEATH</u> under section 13(2) of the Registration of Births and Deaths Act, 1969**
**<u>DECLARATION</u>**

I……,son/daughter/wife of ……,resident of …….. do hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of_____(name of child / deceased)_____son/daughter/spouse of ……;
2. He / she was born / died on ___(date of birth / death)_____ at (place of birth / death)……;
3. He / she was attended at birth /death by _____ who resides at_____;
4. The reason(s) for the delay in reporting of his / her birth /death are _____ _____;
5. His / her birth / death certificate is required for the purpose of _____;

**DECLARATION:**
☐ *I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.*

Name and Signature or
thumb mark of the informant

Date

| D | D | - | M | M | - | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

*Notes:*

1. *Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.*

2. *Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].*

3. *Address, wherever it occurs, shall contain the name of State, District, Taluk (Sub-district), Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.*

Form 15

*(See rule 12)*

**CONTROL REGISTER FOR THE YEAR**

**(PART A)**

Name of Taluk / Panchayat Union:

| Name of Panchayats/ Village/Town | January | | February | | March | | April | | May | | June | | July | | August | | September | | October | | November | | December | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch | Date of Receipt | Date of Despatch |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Form 16

(*See rule 17*)

**FORM FOR APPEAL**

(To be submitted to District Registrar / Chief Registrar)

*(under Section 25(A) of the Registration of Births and Deaths Act, 1969)*

**1. Aggrieved by an action or order of:** Registrar / District Registrar (details of office to be provided as below)

| State | District | Taluk (Sub-district) | Village/Town | Locality | RU ID | Name of Registrar / Distt. Registrar |
|---|---|---|---|---|---|---|
| | | | | | | |

**2. Account of Event Leading to appeal with date and order no. etc.**

(Provide a detailed account of the occurrence, use attachments, if necessary)

| |
|---|
| |

**DECLARATION:**

☐ I have furnished true information to the best of my knowledge and belief.

**(Signature of the appellant)**

Date D D - M M - Y Y Y Y

**Appellant details:**

| Name | Address | Aadhaar no. | Email Id | Mobile No. |
|---|---|---|---|---|
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*Notes:*

1. *Please retain a copy of this form for your own records.*
2. *Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.*
3. *Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.*
4. *Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.*
5. *Address, wherever it occurs, shall contain the name of State, District, Taluk (Sub-district), Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.*

ANNEXURE

*(See rule 4)*

REPORT ON THE WORKING OF THE ACT

1. Brief description of State, its boundaries and revenue districts.

2. Changes in Administrative Areas.

3. Explanation about the differences in Areas.

4. Changes in Registration Area - Extension.

5. Administrative set up of the registration machinery at various levels.

6. General response of the public towards this Act.

7. Notification of births and deaths.

8. Progress in the Medical Certification of Cause of Death.

9. Maintenance of Records.

10. Search of births and deaths register for issue of certificates.

11. Delayed registrations.

12. Prosecutions and compounding of offences.

13. Difficulties encountered in implementation of the Act.

    (i) Administrative.

    (ii)Others.

14. Orders and Instruction issued under the Act.

15. General remarks.

P. SENTHILKUMAR,
*Principal Secretary to Government.*

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ON BEHALF OF THE GOVERNMENT OF TAMIL NADU